

**TOBRAMYCIN/DEXAMETHASONE (generic TobraDex)  
OPHTHALMIC SUSP; TOBRADEX ST PA SUMMARY**

<b>PREFERRED</b>	TobraDex
<b>NON-PREFERRED</b>	0.3% tobramycin/0.1% dexamethasone Ophthalmic Suspension (generic TobraDex) TobraDex ST (0.3% tobramycin/0.05% dexamethasone ophthalmic suspension)

**LENGTH OF AUTHORIZATION:** 1 Month

**PA CRITERIA:**

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to the inactive ingredients in brand name TobraDex (preferred medication).

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.